

DoD Space Planning Criteria for Health Facilities

Primary Care / Family Practice

3.1.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for the Primary Care / Family Practice Clinical Services in military health care facilities. Primary care clinics include: family practice clinics, general outpatient clinics, pediatric clinics, physical examination sections, adolescent clinics and well baby clinics. This section provides criteria for the family practice clinics, general outpatient clinics and physical examination sections. A separate section (see section 3.3) provides criteria for pediatrics, adolescent and well baby clinics.

3.1.2. DEFINITIONS:

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of either examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

Family Practice: A specifically trained and certified specialty of medicine, which provides healthcare to all members of a family unit. In addition to providing general medical care, family practitioner may provide obstetrics care, pediatrics, minor surgical, psychiatric and geriatrics care.

Family Practice Residency Program Center: The primary setting for a residency program for training in the knowledge, skills, and attitudes of family practice is a family practice center. At such a location, each resident must provide continuing, comprehensive care to a panel of patient families.

Primary Care Clinic: A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and others). A primary care clinic provides the office, examination and treatment space for "primary care managers" in the military healthcare system.

Primary Care Manager (PCM): A primary care manager is a medical provider, such as a primary care physician, family physician, family nurse practitioner, internist or pediatrician, who provides primary care and family medicine services to empanelled TRICARE patients, and who supervises the patients' overall health and wellness.

Primary Care Physician: Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners.

3.1.3. POLICIES:

Primary Care Provider Team Size: The size of a primary care provider team is not dictated by this criteria. For the purposes of programming space, provider teams will be eight providers each. The number of teams is established as the total number of providers divided by eight (8) and rounded up to the next higher number when the remainder is 4 or more.

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Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

Physical Examination: A separate physical examination section will be provided when workload exceeds an average of 100-150 exams per week (20/day). Do not include Family Practice, pediatric or adolescent medicine physical examination when determining the need of a physical examination section.

Team Sizing Criteria: The size of a provider team may vary. See additional information provided in "Section 3.2 – Clinic of the Future" and "Section 3.3

3.1.4. PROGRAM DATA REQUIRED:

Is this a Free Standing Clinic or is it a clinic within a hospital or medical center?
 Is this the center for a Family Practice Residency Program?
 Number of primary care providers programmed.
 If a freestanding clinic, is there a radiology technician (FTE) assigned?
 If a freestanding clinic, how many medical records technician (FTEs)?
 If a freestanding clinic, how many appointment clerks assigned?
 If a freestanding clinic, how many personnel (FTEs) are projected to staff the immunization room (give injections)?
 Projected number of immunizations per year.
 Will immunizations be sent to another clinic, i.e. a hospital immunization clinic?
 Will ECGs be done in this clinic?
 Projected ECG tests per year.
 Is an audiologist or an audiology tech. assigned to this clinic?
 Is a mental health provider assigned to this clinic?
 Will proctoscopic procedures be done in this clinic?
 Will an optometry technician be assigned to this clinic?
 What is the number of physical examinations accomplished per week?
 Maximum number of FTE residents seeing patients in the clinic at one time?
 Is a Social Worker assigned to this clinic?
 Is there a Residency Research Technician assigned?

3.1.5. SPACE CRITERIA:

Primary Care Clinic Space Requirements: The following lists indicate functions that are normally required, the basis for planning and the planning range for freestanding clinics and clinics in DoD hospitals and medical centers. Taken with other portions of the DoD Space Planning Criteria, this section also provides the basis for freestanding clinics.

Toilets, Lounges and Locker Areas: The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

Administrative Offices: The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration (Section 2.1).

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Provider Teams: Many military Primary Care Clinics use the concept of “Provider Teams” to enhance continuity of care to an identified patient population (empanelled). Such teams are most effective when they are associated with a defined area of the clinic. When teams are used, there may be an increased need for such areas as Weights and Measures or Team Reception Stations. The use of Primary Care Provider Teams must be stated to include the size of the team.

Ambulance Dispatch Area: The criteria for ambulance dispatch and on-call rooms is provided in a separate section, Section 3.5, Emergency Services. If no emergency services department exists, then provisions for this space may need to be located in the Primary Care/ Family Practice area.

Physical Examination: In computing workstations, any fraction of 0.4 or over may be converted to the next higher number. A minimum of one of each workstation is required unless otherwise noted.

Functions Unique to a Freestanding Primary Care Clinic (not within a hospital or Medical Center):

Note: Program this area for a freestanding clinic in addition to the areas found in the section titled, Functions Common to both a Freestanding Primary Care Clinic and a Primary Care Clinic Found in a Hospital or Medical Center.

There are two general types of freestanding clinics. There are clinics, which are located on the same installation as a hospital or medical center. This happens more typically in the Army and Navy. There may be more than one such clinic on a military installation with a large beneficiary population (Fort Bragg, Fort Hood, Camp Pendleton). The other type of freestanding clinic occurs as the sole source of medical care on the installation, i.e. there is no hospital or medical center. The concept of operation for each of these clinics must be carefully considered. Where a clinic exists on an installation with a hospital or medical center, some services may not be programmed into the clinic because patients are referred to the hospital or medical center for diagnostic care (lab work, radiology, pharmacy, etc.)

Functions Unique to a Free Standing Primary Care Clinic:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Clinic Entrance	4.65	50	100 nsf of exterior covered space at the clinic main entrance, calculated as “half space”
Central Clinic Lobby	18.58	200	One per freestanding clinic
Clinic Information Desk	5.57	60	One per clinic with more than 15 providers FTEs.
Radiology Area	33.44	360	When radiology tech. assigned. See also Section 5.4.
Clinic Pharmacy	22.30	240	When Pharmacist assigned, See also Section 5.6.
Advise Nurse(s) Area	9.29	100	Minimum. When one nurse FTE, add 60 nsf per additional FTE projected.
Patient Resource Center			May be provided: see Section 2.2.

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Functions Unique to a Free Standing Primary Care Clinic (Continued):

PATIENT AREAS			
Patient Records Area		varies	When patient records tech. assigned, See section 2.5.
Appointments Clerks Area	9.29	100	100 nsf minimum. Add 80 nsf per clerk FTE above one.
Appointment Clerk Lounge	9.29	100	Only for areas with 8 or more clerks. 100 nsf minimum. Add 10 nsf for each five clerks over 10. 180 nsf maximum.

Functions Common to Both Free Standing Primary Care Clinics and Hospital/Medical Center Primary Care Clinics:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Central Waiting Area		varies	Provide 3.0 seats per provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this space can be divided into separate sick and well waiting areas.
Reception/Control	13.01	140	140 nsf per provider team when consolidated reception or one at 140 nsf per every 8 providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Screening, Weights and Measures, Adult Room	7.43	80	One per each 4 providers.
Screening, Weights and Measures, Pediatrics Room	11.15	120	One per each 8 providers, for pediatric services provided.
Provider’s Exam Rooms	11.15	120	Two per provider (FTE) programmed.
Isolation Exam Room	13.01	140	One per clinic.
Dedicated Isolation Toilet	5.57	60	Single occupancy toilet with diaper changing counter.
Patient Toilets		varies	See Section 6.1

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Functions Common to Both Free Standing Primary Care Clinics and Hospital/Medical Center Primary Care Clinics (Continued):

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	

STAFF AND SUPPORT AREAS

Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Provider's Office	11.15	120	One per provider (FTE) programmed.
Nurse Manager's Office	11.15	120	One per provider team.
Nurses' Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per provider team.
Education Nurse	11.15	120	One per FTE provided.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms
	16.72	180	If >30 treatment rooms
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms
	13.94	150	If > 30 treatment rooms
Scope Wash Room	11.15	120	One per clinic.
Equipment Storage	9.29	100	1 per clinic.
Team Conference Room(s)	23.22	250	Minimum. One per provider team or every 8 provider FTE's. A provider team is 6 to 8
Litter/Wheelchair Storage	5.57	60	One per clinic.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Janitor's Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

TREATMENT AREAS

Treatment Room –general purpose	16.26	175	One per 6 providers.
Holding Room	16.26	175	One per clinic. Provide for small clinics with less than 12 providers
Treatment Room – two station	31.59	340	One per clinic. Provide for large clinics with over 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Note: clinics have the option of providing two 175 nsf one-station treatment rooms instead of one 340 nsf two- station treatment room.

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Functions, which require special considerations based on the concept of operation, the availability of staffing and the availability of these services, close by:

Note: Immunization area may not be required if there is a separate immunization service in a hospital or medical center.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	

PATIENT AREAS			
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Immunization Waiting Area		varies	16 nsf per space; 12 spaces per injection station, 5% of seating must be handicapped at 25 nsf per handicapped seat.
Immunization Room (see formula at the end of this section)		varies	One per primary care clinic when the primary care clinic is located in a medical treatment facility that has no Allergy/Immunization Clinic (Section 3.22) and this is the location where patients receive their immunizations.
Immunization Holding Area	9.29	100	One per immunization room.
Immunization/Allergen Room	11.15	120	One per primary care immunization/allergen service when a technician is assigned (FTE).
Audiobooth Room (also see section 3.10)			Dependent on availability of staffing.
One Person Audio Screening Booth	11.15	120	1 person, double wall booth, when no audiologist assigned. One per clinic when no audiology service available in same building.
Audio Booth Suite	34.84	375	An audiobooth suite is a two room, double wall booth. One per clinic when an audiology technician assigned and there is no other audiology service in the same building as the primary care clinic.
Optometric room	11.15	120	1 per clinic, if Optometry Specialty Clinic not programmed & Optometry Tech assigned.
Specimen Toilet	5.57	60	One per clinic with a laboratory. See Section 6.1.
Blood Drawing Area	11.15	120	One per clinic with authorized lab FTE.

STAFF AND SUPPORT AREAS			
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Orthopedic Appliance Modification, Preparation and Cast room	13.01	140	1 per clinic if Orthopedic Specialty clinic not programmed and orthopedic tech. assigned.
Laboratory (Mini. Lab.)	5.57	60	60 nsf minimum. One per clinic if satellite lab is approved in clinic concept of operations, or when laboratory staff FTE exist. 200 nsf maximum. Refer to Section 5.5 for main lab requirements.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
TREATMENT AREAS			
Proctoscopic room	13.94	150	1 per clinic if medical or surgical specialty clinic not programmed.
Dedicated Toilet	5.57	60	1 per proctoscopic room.
ECG room	9.29	100	1 per clinic if medical specialty clinic not programmed.
Dedicated Dressing Cubicle	4.88	52	1 per ECG Room.

Functions which are required for Residency Education in Family Practice:

The following areas must be programmed if the MTF is the “Center” for a Family Practice Residency Program. These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	
STAFF AND SUPPORT AREAS			
Director of Family Practice Residency	11.15	120	One per director of a Family Practice Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Family Practice Residency Program, if there is a projected FTE secretary position.
Family Practice Coordinator	11.15	120	One per Family Practice Program Coordinator if there is a projected FTE.
Family Practice Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Family Practice Resident’s Office Space	11.15	120	Minimum. 60 nsf per projected resident.
Family Practice Outpatient Records Room		varies	Provide space using the formula for outpatient records in Section 2.5. Decrease central outpatient records space by the amount programmed for Family Practice
Family Practice Office Library	22.29	240	One per Family Practice Residency Program.
Family Practice Laboratory		varies	Provide space based on Section 5.5.
Conference Room	37.16	400	One per Family Practice Residency Program.
Monitored Exam Rooms - subject & observer rooms.	11.15	120	This suite requires justification. Added upon request but not required.
	5.57	60	May use videotaped monitoring cameras instead of a mirror room.
Small Group Counseling Rooms	11.15	120	One per eight family practitioners and residents.

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Physical Examination Section with more than 20 examinations per day:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	
PATIENT AREAS			
Waiting & Form Writing	7.43	80	80 nsf min., 16 per space. Number of spaces = phys exams per day / 2 (groups per day)
History Station	4.65	50	Per station, 1 station per 40 exams per day
Height & Weight	4.65	50	50 per station, 1 station per 100 exams per day.
Blood Pressure and Pulse Station	4.65	50	Per station, 1 station per 100 exams per day.
ECG Station	8.36	90	Per station, 1 station per 80 exams per day.
Specimen Toilet (wc, lav)	4.65	60	Single occupancy.
Urine Specimen Collection	6.50	70	1 per clinic.
Vision Testing (Screening only)	6.50	70	per station, 1 station per 60 exams per day
Optometric Eye Lane	13.00	140	1 per clinic if Optometric Clinic not programmed & no eyelane provided in Family Practice Clinic.
Audiobooth	10.22	110	1 man double wall booth (minimum requirement of physical examination service).
	19.51	210	4 man double wall booth if less than 48 hearing test per day and audiology technician assigned.
	24.16	260	6 man, double wall booth, if more than 48 hearing tests per day and an audiology technician is assigned.
Dental Check	8.36	90	Per station, 1 if number of physical exams per day exceeds 100 per day.
X-Ray Station	16.72	180	If number of physical exams per day exceeds 150 per day.
Radiology Viewing Room	8.36	90	1 per clinic when X-ray station is programmed.
ENT Exam Station	9.29	100	1 per clinic if ENT Specialty Clinic not programmed.
Waiting Between Stations & Int. Cir.	1.86	20	Minimum. 5% of Amt. of space required for stations.

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Physical Examination Clinic with under 20 exams per day:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Waiting & Form Writing (w/alcove)	13.01	140	1 per clinic
Reception Desk	9.29	100	1 per clinic.
Specimen Toilet	4.65	50	Minimum; single occupancy.
ECG with dressing booth	11.15	120	1 per clinic.
Weights & Measures	6.50	70	1 per clinic.
Blood Collection	4.65	50	1 per clinic.
Waiting between Stations & Int. Circulation	1.49	16	Per seat. Seats = $\frac{\text{avg. clinic visits per day} \times 0.02}{7 \text{ hours per day}}$

Formula for Immunization Room:

Given: One immunization (injection) station is 215 nsf (18' x 12').
Step One: Determine the projected number of immunizations to be given weekly.
 (Immun. per week)
Step Two: Determine the hours of operation per week for the immunization service.
 (svc. hours per week)
Step Three: It is assumed that one staffed immunization station can administer 12 injections per hour. Determine the number of FTEs assigned to administer injections.
Step Four: Apply numbers to formula.

$$\text{Injection Stations} = (\text{immun./week}) / (12 \text{ immun./hour}) \times (\text{scv hours/week})$$

$$\text{Total NSF} = \text{Injection Stations} \times 215 \text{ nsf/station}$$